

NEW YORK STATE DEPARTMENT OF HEALTH

**APPLICATION
FOR APPROVAL OF PLANS
FOR PUBLIC WATER SUPPLY IMPROVEMENT**

1. Applicant:	2. Location of Works (C, V, T):	3. County: Monroe	4. Water District (Specific Area Served)
5. Type of Ownership: <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> 68 Private-Other <input type="checkbox"/> 1 Authority <input type="checkbox"/> 30 Interstate <input type="checkbox"/> Industrial <input type="checkbox"/> 9 Water Works Corp. <input type="checkbox"/> Private-Institutional <input type="checkbox"/> 19 Federal <input type="checkbox"/> 40 International <input type="checkbox"/> 26 Board of Education <input type="checkbox"/> 20 State <input type="checkbox"/> 18 Indian Reservation			
6. Is project related to a concurrent Water Resources Commission application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give number		7. Drainage Basin	
8. Nature of Project: <input type="checkbox"/> New Works <input type="checkbox"/> Modifications	9. Is Federal Aid Applied for? <input type="checkbox"/> Yes Agency _____ <input type="checkbox"/> No	10. Is project related to a Comprehensive Water Study? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Type of Project: <input type="checkbox"/> Source <input type="checkbox"/> Pumping Unit <input type="checkbox"/> Fluoridation <input type="checkbox"/> Distribution <input type="checkbox"/> Transmission <input type="checkbox"/> Chlorination <input type="checkbox"/> Other Treatment <input type="checkbox"/> Storage <input type="checkbox"/> Other REMARKS:			
12. Estimated Cost of Project: <div style="display: flex; justify-content: space-between;"> Source \$ Treatment \$ Distribution \$ </div>			
13. Population: <div style="display: flex; justify-content: space-between;"> Total Population of Service Area: % Population actually served: % Population served affected by project: </div>			
14 Latest Total Consumption (in MGD): Avg. Day Year Max. Day Year Peak Hr. Year		15. Approved Plans are to be returned to: <input type="checkbox"/> Engineer <input type="checkbox"/> Applicant	
16. Name of Design Engineer: _____ N.Y. State License No. _____ Address: _____ Telephone No.: _____			
17. Name and Title of Applicant or Designated Representative _____ Mailing Address			

Date: _____

Signature of Applicant

Note: All applications must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be discussed with the appropriate City, County, District or Regional Public Health Engineer. Signature by a designated representative must be accompanied by a letter of authorization.